George Mason University

Counseling and Psychological Services
MS 2A2, 4400 University Drive
Fairfax, VA 22030-4444
(703) 993-2380
Fax (703) 993-2378

RELEASE OF INFORMATION AUTHORIZATION FORM

To give you prompt assistance, Counseling and Psychological Services may need to request or furnish information to medical and health professionals or other sources. We ask you to authorize in writing the release of such information. At all times, Counseling and Psychological Services is committed to safeguarding your rights and well being. Virginia Code 23-9.2:3 requires that parents be notified if a dependent student presents a substantial likelihood of danger to self or others. To carry out these legal requirements, the Mason Dean of Students may be notified of this danger. The Dean of Students will make the decision regarding parent notification.

AUTHORIZATION TO REQUEST AND/OR RELEASE INFORMATION

I, _____, authorize Mason Counseling and Psychological Services to furnish ____ and/or request _____ the following information:

_____
_____

To : _____
(Name)
_____ Telephone Number: _____
(Agency)

From: _____
(Name)
_____ Telephone Number: _____
(Agency)

for the purpose of _____
_____

I have read the above statement. I understand that the materials being released/requested are to be kept strictly confidential. Information may only be used for the above-stated purpose and no one other than the above parties or exceptions due to Virginia code may have access to this information. I also understand that I may issue a written revocation of this permission at any time.

This authorization extends for 1 year from date of authorization, *unless otherwise specified here:*
Expiration Date or Condition: _____

_____ _____/ /_____
(Signature of student or legal guardian) (Date: Month/Day/Year)

_____ _____
(Number) (Street) (Apt. No.) (Home Phone)

_____ _____
(City/County) (State) (Zip Code) (Work Phone)

Witness: _____ Witness Occupation: _____
(Signature)

CONFIDENTIAL INFORMATION NOT TO BE RE-DISCLOSED: The Virginia Patient Health Records Privacy Statute (32.1-127.1:03) states that "No person to whom health records are disclosed shall re-disclose or otherwise reveal the health records of an individual, beyond the purpose for which such disclosure was made, without first obtaining the individual's specific authorization to such re-disclosure."

Revised September 25, 2013